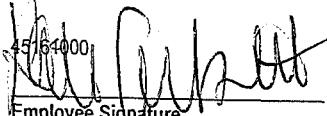
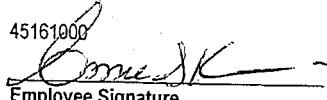
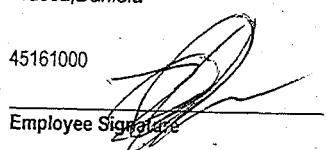


Director's Signature: CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 19, 2010

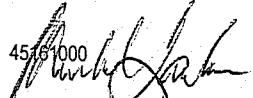
Employee Name:		Sunday 06/13/10	Monday 06/14/10	Tuesday 06/15/10	Wednesday 06/16/10	Thursday 06/17/10	Friday 06/18/10	Saturday 06/19/10
Corbett,Kate 45161000 	Day: In - Out		045 2:45 6:50	2:50 6:45	2:45 6:45	045 2:45	6:50 2:50	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.							HWC 75 ✓	
Desjardins, Stacey 8100-9745 	Day: In - Out		10:50 4:50	10:45 5:15	8:05 4:05	7:30 3:30		
	Lunch: Out - In		12:00 12:30	—	12:00 12:30	12:00 12:30		
	Outside Duty: From - To			11:05 1:35				
Document exceptions or comments, indicate type and amount.			SIC 2.0 ✓	W. Roxbury SIC 1.0 ✓			HWC 7.5 ✓ SIC 7.5 ✓	
Dookhan, Annie 45161000 	Day: In - Out		6:45 2:15	6:45 4:15	6:45 4:00	6:45 3:15	6:45 4:15	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 1.5 ✓	OT 1.5 ✓	OT 1.25 ✓	HOL 7.5 ✓	OT 1.5 ✓	
Frasca,Daniela 45161000 	Day: In - Out		6:45 2:45	6:45 2:45	7:00 3:00		6:45 4:45	
	Lunch: Out - In		1:00 1:30	1:00 1:30	1:00 1:30		1:30 2:00	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.							HLN 75 ✓ 2.0hr OT	

Director's Signature:

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Employee Name:		Sunday 06/13/10	Monday 06/14/10	Tuesday 06/15/10	Wednesday 06/16/10	Thursday 06/17/10	Friday 06/18/10	Saturday 06/19/10
Glazer, Lisa 45161000 	Day: In - Out		6:45	2:45	6:45	2:45	6:45	2:45
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	12:30
	Outside Duty: From - To					PLYMOUTH DISTRICT 11:15 1:05		
Employee Signature							HWC 75	
Document exceptions or comments, indicate type and amount.								
Lawler, Michael 45161000 	Day: In - Out		8:15	7:00	8:30	7:00	8:30	7:00
	Lunch: Out - In		10:30	11:30	12:25	12:55	11:45	12:15
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.			2:15 OT	2:50 OT	2:50 OT	HOL 25	2:50 OT	11:00 OT
Medina, Nicole 45161000 	Day: In - Out		8:50	3:50		1:30	3:30	
	Lunch: Out - In		12	12:30		12	12:30	
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.			1.0hr SIC ✓	7.5hr SIC ✓			HLN 25 VAC 7.5	
O'Brien, Elisabeth 45161000 	Day: In - Out		7:35	4:10	8:30	2:00	7:35	5:05
	Lunch: Out - In		11:00	1:05		11:30	1:20	11:30
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.			VAC 2.0	SIC 10			HWC 7.5 SIC 6.5	

Director's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 19, 2010

Employee Name:		Sunday 06/13/10	Monday 06/14/10		Tuesday 06/15/10		Wednesday 06/16/10		Thursday 06/17/10		Friday 06/18/10		Saturday 06/19/10	
Philips, Gloria	Day: In - Out				8:40	4:40	8:35	4:35						
45161000	Lunch: Out - In				12:00	12:30	12:00	12:30						
<i>Gloria Philips</i>	Outside Duty: From - To													
Employee Signature			SIC 7.5 ✓											
Document exceptions or comments, indicate type and amount.														
Piro, Peter	Day: In - Out		7:20	3:20	8:10	2:00					7:15	3:15		
45161000	Lunch: Out - In		12:30	1:00							12:30	1:00		
<i>Piro Piro</i>	Outside Duty: From - To													
Employee Signature														
Document exceptions or comments, indicate type and amount.														
Renczkowski, Daniel	Day: In - Out		6:45	8:30										
45161000	Lunch: Out - In													
<i>Daniel Renczkowski</i>	Outside Duty: From - To													
Employee Signature														
Document exceptions or comments, indicate type and amount.														
Saunders, Della	Day: In - Out		6:45	8:30										
45161000	Lunch: Out - In		1:30	2:00										
<i>Della Saunders</i>	Outside Duty: From - To													
Employee Signature														
Document exceptions or comments, indicate type and amount.														

Director's Signature:

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: June 19, 2010

Employee Name:		Sunday 06/13/10	Monday 06/14/10	Tuesday 06/15/10	Wednesday 06/16/10	Thursday 06/17/10	Friday 06/18/10	Saturday 06/19/10
Sprague, Shirley 45161000 <i>Sprague</i> Employee Signature	Day: In - Out			8:35 580	9:05 105 900	5:50	8:20 420	
	Lunch: Out - In			100 130		100 130	102 130	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.		VAC ✓ 7.5 ✓ SIC 3.5 ✓ DL DEPT ✓ HNC 7.5 ✓						
Tan, Zhi 45161000 <i>Zhi</i> Employee Signature	Day: In - Out		6:45 6:45	6:45 7:00	6:45 7:00	6:45 7:00	6:45 7:00	6:45 7:00
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.		OT 4.0 ✓ OT 4.25 ✓ OT 4.25 ✓ HOL 7.5 ✓ OT 4.25 ✓ OT 10.30 ✓						
Tran, Mai 45161000 <i>Mai</i> Employee Signature	Day: In - Out				5:15 215	8:30 1145		
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.		Suffolk County Courthouse Today: 3.25 hrs HOL 18.1 3.75 hrs 3:25 12/13.0 Reg 3.35 Reg						
45161000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/19/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Salom Date: 6/16/10

Department Head: Eric Ward Date: 6/16/10

Denial reason:

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	130459	11 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	148724	10.5 hrs			